213047300 11113			State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2															
2		Total Number of Vehicles    Cocal No./ District				3-114931					HIT & RUN?  YES X NO			NVESTIGATION MADE AT SCENE			:? L 1	
A/1 01 A/2	L LACL		3/2013		Y Y	S M T	W TH	F S	TIME OI ACCIDE POLICE NOTIFIE	NT	1805 1810	itary Time)	STATE US	E ONL	Y			
В	OF ACCIDENT	CITY	Lincoln								PRIVATE	YES NO	12/13		13			
25		ROAD ON WHICH STREET/							LATITUDE									
с 4	ACCIDENT OCCORRED						HIGH	VAY I					$\dashv$					
D	IF AT INTERSECTION IF NOT AT INTERSECTION								CDOCCINI									
1						00	JIVIILES	N S	_	of N curb on O								
V1/M 16 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN    N   S   E   W   AND   MILES   N   S   E   W   OF NEAREST CITY OR TOWN																	
01 E 2	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?  CODES OF THE PROPERTY OF TH																	
<u>-</u> F	DDIVED			<u>'</u>		VI	EHICLE	NO. 1				STATE				FEMAL		
2 V1/N	DRIVER LICENSE NO. H13471244  DRIVER COLTON D MARTENSEN  STATE (Of License) NE SEX MALE 4022762573																	
1 V2/N	DRIVER ADDRESS CITY STATE 7/P DATE OF										V1/	1						
1	OWNER PHONE   CAITLIN MARTENSEN   PHONE   LOCAL NO.   11-04-1993									18	_							
G 4	DWINER ADDRESS CITY, STATE, ZIP CITATION YES CITATION NO. LB406482																	
Н 2		ICENSE PA NO. 10Z603 YEAR (Plate Expires) 2014								STATE (Of Plate) NE			V1/;					
V1/O	VEHICLE	Total Total Sulline 4 door Scaar Larquoise 1000							)	V1/4	4							
4 V2/O	VEHICLE ID NO. (V/IN)  TOWED TO  TOWED BY  INSURANCE COMPANY Progressive (Exp: 12-0)  TOWED BY  INSURANCE COMPANY Progressive (Exp: 12-0)						)2-2(	013)		V1/5 — 18								
1	TOWED TO				TOWED BY							12244					V1/6	6
1	DRIVER		H12263	R/1		VE	EHICLE	NO. 2				STATE	, NE	SI	EX Ş	FEMAL		5
V1/P	LICENSE NO. H12263841  DRIVER DENUMBER DENUMBER DENUMBER DENUMBER DENUMBER DENUMBER DENUMBER DRIVER NO. H12263841						PHONE (Of License)			NE SEX MALE			_					
1 V2/P	DRIVER ADDRE										18							
1	OWNER SARAH M SCHULTZ PHONE 4026413991						[(MM / DD / YYY	LOCAL NO. 10-24-1979					2					
<sup>J</sup> 01	OWNER ADDRESS  CITY, STATE, ZIP  OWNER ADDRESS  CITATION  YES  PENDING  NO  CITATION NO.									V2/3	3							
V1/Q	LIGENOE	D.4	NO. SHF538		-						YEAR ate Expires)	2014		STA (Of P	TE Plate)	NE	V2/4	4
4 V2/Q	VEHICLE	YEAR		MAKE Ford	1	Five Hur	ndred	BODY ST	r Seda	an	color	<u> </u>	ESTIMATED TOTALI				V2/	5
4 K	VEHICLE ID NO. (VIN)	HICLE ID 1 EA ED 2416 CO161610							18	8								
01	TOWED TO													<sup>6</sup>				
	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)  DATE OF BIRTH (MM / DD / YYYY)							Seat Position	<b>2</b> Eject	3 Body Region	Injury Sev.	fans.	SEX M F					
	# NAME ADDRESS Sarah Schultz 1930 Brekenridge Dr., Lincoln, NE 68521					,				0/24/19	24/1979		1	03	4	1	F	
2	DOCAL NO.   MEDICAL FACILITY NAME   4026413991					EMS SE	EMS SERVICE NAME				EMS RU	JN REP	ORT NO.					
VEH. #			1	AD	DRESS													
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NAM	1E				EMS RU	JN REP	ORT NO.			
VEH. #	NAME		1	AD	DRESS								+					
	LOCAL NO.   MEDICAL FACILITY NAME   EMS SERVICE NAME   EMS RUN REPORT NO.																	

	THE FOLLOWING	INFORMATIO	N IS REQUIRED FO	OR ALL ACCIDENT	S			
			BY DIAGRAM WHAT HAP	PENED AGEN	CY CASE NO. -114931			
		• •						
Indicate North by Arrow								
	N							
68'10" E of W	POI V Curb of 34th							
7'3" S of N (	Curb of O St.	To N34th	<b>→</b> O Street		To N35th	•		
	_		V2 V1					
	64' ===							
	-							
Not 7	To Scale							
V1 and V2 were traveling westb			BASED ON OFFICER'S IN					
complained of neck pain, but de						APPROX. COST OF DAMAGE.		
OBJECT DAMAGED OWNE	R NAME	ADDRESS		PHONE	\$			
OBJECT DAMAGED OWNE	R NAME	ADDRESS		PHONE	\$			
NAME		ADDRESS			PHC	NE		
OBJECT DAMAGED OWNE  NAME NAME		ADDRESS			PHO	NE		
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMPA MOST DAMAGE		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL			
VEH NO. N S E W ROAD OR HIGHWAY NAME	(Enter numbers for	I			ALCOHO	L Driver Driver Pedes-		
1 X O	VEHICLE 1	VEHICLE 2	3	2	ALCOHOL	V V		
2 X O		OINT OF MPACT 05	1 Deployed - front	1 None used - vehicle occupan 2 Lap & shoulder belt used	LEVEL	N X N X N		
	DAMAGED   01   DA	MOST AMAGED 05 AREA	<ul><li>2 Deployed - side</li><li>3 Deployed - both front/side</li><li>4 Net deployed</li></ul>	3 Shoulder belt only used 4 Lap belt only used	BAC LEVEL	Driver Driver		
2 11 07 Making U-turn 08 Entering traffic lane			4 Not deployed 5 Not applicable/ No airbag available	5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used	ALCO	HOL/ No. 1 No. 2 IGS 1 1		
01 Essentially 09 Leaving straight ahead traffic lane	00 None <b>02</b> 09 Top & windows	7 - 04	6 Unknown	8 Costume helmet used 9 Restraint use unknown	SUSPE 1 Neither	alcohol nor drugs suspected		
02 Backing 10 Parked	10 Undercarriage 01 - 11 Total (all areas)	05	VEHICLE 2	VEHICLE 2	2 Yes - al	cohol suspected ugs suspected		
	12 Other <b>08</b>	07 06	-		4 Yes - al	hol & drugs suspected		
05 Turning right 13 Unknown OFFICER NO. TROOP/ DEPARTMENT Photogra								
1614	FEAM/ 7 BEAT 7	Linco	oln Police Departmen	Photographs YES taken? NO				
INVESTIGATOR NAME (Print or Type) Timothy Carmichael			TURE Officer Timothy Car	DATE OF 12/13/2013				